



Case Planning in Child Welfare Practice Bulletin

May 2008



Case Planning is Our Most Important Work.

A case plan is developed with the family, and provides a road map for safety, stability, and well-being for a child and family. Safety is the number one focus that drives the plan. Case Planning is not a document, it is a process. There must be a sense of urgency in getting the plan established... for our agreement with the family and all our work together is based in this plan.

Engagement first: Engagement with families is essential to the development of a case plan. Engaging with families is an ongoing process throughout the life of the case. With each family contact, engage family members around issues of mutual concern. Mothers, fathers, children over age 3 and foster parents should be engaged in all case planning activities.

Family Team Meetings: FTDM meetings are the most efficient, effective way to develop a case plan. Critical to the success of any plan is assuring that you have the right people at the table:

- The family, the caregivers, and the child,
- Those people who can support the family through safe case closure [relatives, friends, sponsors, etc.],
- Representation of resources and those with legal authority to contribute knowledge and resources to the plan,

If a family team meeting facilitator is not available in a timely way, facilitate your own planning process.

Assessment is second: A successful case plan is based on a comprehensive assessment of strengths and needs, including presenting issues, ways the family has been more successful in the past dealing independently with these issues, and underlying issues that must be resolved before any strategies can be successful.

Planning is third: A successful family change process requires that a family select, own, and support the desired outcomes of adequate family functioning and well-being leading to independence as well as the strategies used to bring change about. Develop an individualized plan with the family and select strategies that have the likelihood of being successful. Match the power of the strategies with the intervention needed to change behaviors and address environmental needs.

Assure identification of safe case closure criteria in the first plan and monitor progress at each review.

- *Protective Provisions* put into place to keep people in the home safe.
- *Behavioral Patterns* to be acquired and then adequately, consistently demonstrated by the caregiver that are necessary to preserve or reunify a family and to maintain child safety, family stability, and daily functioning.
- *Relapse and Crisis Prevention with Response Capacities* that are put in place and working reliably.
- *Sustainable Family Supports* (e.g., housing, health care, adequate supervision, etc.) put into place to preserve and sustain the family following safe case closure.
- *Resolution Of Legal Issues And Court Requirements* (e.g., court orders, guardianship, adoption) that must be achieved before family independence, safe case closure, and permanency can occur.
- *Measures And Schedules* for determining progress, outcomes, and satisfaction of safe case closure requirements - these elements define for the family and practitioners/providers: *how we will know what's working and when we're done.*

Identify behavioral change: Each family needs to know what behavioral change will result in return of the children to their care and/or safe case closure. Behavioral change is not seat time in a parenting class or complying with services in a plan. It is *demonstrated change in the parental capacity*. The family change process:

- assumes that change is internally driven;
- recognizes that change occurs across a series of stages;
- expects the possibility of back-slide, thus, not making change a totally linear process;



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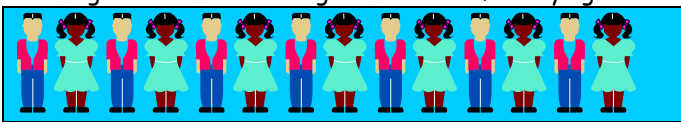
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- defines the role of the social worker as one who assists in motivating change,
- helps identify strategies, and supports change across the different stages.

Permanency: The case plan is the primary means of conveying permanency goals and back-up plans or concurrent goals. **URGENCY** is required to assure timely permanence.

Tracking, Monitoring, and Adjustment: In the complex work that we do, tracking and monitoring of effectiveness of strategies is critical. Revising assessment information and adjusting the plan to address emerging or newly identified issues is important. When clearly identifiable behavioral progress is not being made, we need to figure out why and *adjust* strategies to assure success.

Accountability for DHS first, then the family. If we don't complete reasonable efforts to help the family, we cannot **blame** the family for the poor results. When we help the family in a meaningful way, we are building trust and credibility with that family, the court and with the helping community, at large. Motivation is an important part of the helper's tasks. It is the helper's responsibility to not just provide assistance, but to also provide motivation - or increasing the likelihood that the person will follow their course of action. From this perspective, it is no longer sensible to blame a person for being unmotivated for change. "Blaming a person as unmotivated for change is no different than a salesperson blaming a customer as being unmotivated for buying."



Expectations: DHS caseworkers are required to make concerted efforts to assess the needs of **children, parents, and foster parents**. The services necessary to achieve case goals and adequately address the issues relevant to the involvement with the family must be provided. DHS must make concerted efforts to **actively** involve the mother, father, and children in the case planning process. "Actively involved" means that the agency involved the parent in (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in case plans, (4) evaluating progress toward goals, and (5) discussing the case plan in case planning meetings.

For in-home services cases, "parents" are defined as the child's primary caregivers with whom the child lives, or as a non-custodial parent who is involved or wishes to be involved in the child's life.

For foster care cases, "mother" and "father" include the following:

- The child's biological parents
- The child's primary caregivers (if other than the biological parents) from whom the child was removed (if relevant)
- The child's adoptive parents if the adoption has been finalized

Foster parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized.

The case plan must identify appropriate services to the child, father, mother, foster parent or caregivers to address identified needs. With respect to services the father and mother are provided, they must address the identified needs in order to provide appropriate care and supervision to ensure the safety and well-being of the children. With respect to foster parents or other caregivers, identify what is needed to enhance their capacity to provide appropriate care and supervision to the children in their home, including needs for respite care, assistance with transportation needs, counseling to address the child's behavior problems, etc.

The case plan is the primary means of achieving and documenting most of our CFSR outcomes. Achievement with the following CFSR items are impacted by establishing an effective and timely case plan:

Item 2: Effective prevention of recurrence of maltreatment.

Item 3: Reasonable efforts to prevent removal.

Item 4: Assessment of safety and risk of harm.

Item 5: Effective prevention of multiple entries into FC.

Item 6: Assessing threat of disruption and assuring stability.

Item 7-10: Establishing appropriate, timely permanency goals and making progress toward achieving permanency.

Item 11-16: Identifying the most appropriate, least restrictive placement close to home; giving placement preference to relatives; keeping siblings together; facilitating visits for foster children with family, preserving connections, and maintaining the parent/child relationship.

Item 17-18: Assessing and providing services; involving parents and children in case planning,

Item 21-23: Providing medical, dental, mental health and educational advocacy or services for children.

Tips:



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1. Focus on safety and those behaviors that impact parental capacity.
2. *Engage fathers, engage fathers, engage fathers and document active efforts to engage fathers and mothers in case planning.*
3. *Motivation:* Our relationships are the tool we use to help families and children "get off the dime." We cannot help a person build or renew motivation if we have not developed a trust-based relationship based on caring and honesty. You must also believe in the person and share your hope with them at the same time you are able to share honestly your perspectives on how things stand and what changes need to occur. Steps that help motivate include:
 - Empower the person for driving the change process.
 - Share your sense of urgency to the need to make change and to achieve safe case closure.
 - Help the person raise questions about their behavior. Provide information about the risks and problems of current behavior.
 - If they vacillate, "nudge" them over the edge! Help them recognize reasons for change and risks of not changing.
 - Help the person determine the best course of action and assist the person with this course.
 - Help the person take the steps necessary for change. Provide the needed supports. Recognize and reward the steps taken while the person is moving toward change.
 - Help the person identify skills and strategies to prevent back-slide.
 - Help by predicting "bumps in the road" and defining back-slides as part of the change process. If there is a back-slide, help the person re-new their desire for change, join in recognizing the progress, and allow for a new start. Assist the person from becoming demoralized or stuck because of back-slide.
4. *Problem Solving:* As you involve the parents and child in the planning process, teach and model problem solving skills. Reinforce successes and strengths. Set limited and achievable goals. Use these successful experiences as building blocks to safe case closure.
5. *Crisis:* When a crisis occurs, the tendency is to focus on the immediate event, or "the breaking point" and not seeing these events as markers, or symptoms, of greater underlying systemic issues. Each piece of information should be assessed in the context of how it relates to other factors. An understanding of how these pieces inter-relate to one another will shape decisions made during case planning. Use the opportunity for the family and informal supports to successfully address an issue through effective crisis intervention planning. Ask the family, what is the worst thing that could happen with the plan, and build a plan around how to respond if that occurs.
6. *Parents:* Use language that reinforces the importance of owning the plan in a planning meetings, e.g. "we want this to be your plan, not our plan". Always identify in a plan the parent's requests for services or identification of strengths and needs.
7. *All children:* All children are affected by the case planning process. They have a need and right to know what is happening in their life and be given an opportunity to contribute to decisions and choices whenever possible.
8. *Younger children* need an age appropriate understanding of what is happening in their life. Engage young children in the planning process by telling a story about them and their life situations. Always present the parents in a kind light. Be attuned to fancifulness and longings, as well as grief, loss, and trauma issues that may require targeted interventions. Ask them how they would like the story to end? Each time you visit the child, ask them to remember the story and ask them if and how their story has changed. Ask them what the plan is now, to assure they have a basic understanding of your role, what happens next, and the progress being made.
9. *Adolescents:* Adolescents have an internal barometer of genuineness and know when you want to involve them in planning. They need to define, own and understand the issues and circumstances in their lives. They need to be, with their families, the drivers of the plan. They need to be engaged at every opportunity in choices and planning. Did you know, the best and most effective way to address runaway behaviors in adolescents is to involve them in assessing and developing a safety plan to prevent runs and an ongoing plan to address underlying issues?
10. *Don't* allow the team to select underpowered strategies because that's what is available in the community. Look at what it will take to adequately address the identified need. Invite the team to use their best thinking about how the right intensity of services can be provided, in creative ways, using sustainable informal and/or community supports.